

# ANNUAL REPORT

OF THE

## MEDICAL OFFICER of HEALTH of the GRANTHAM URBAN SANITARY AUTHORITY,

FOR THE YEAR 1904.

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GRANTHAM,

MARCH, 1905.

TO THE CHAIRMAN AND MEMBERS OF THE GRANTHAM URBAN SANITARY AUTHORITY.

GENTLEMEN,

I beg to lay before you my ANNUAL REPORT for 1904.

The population of your district as estimated for the middle of the year 1904, is 17,845.

During the year, 479 births and 291 deaths were registered as having occurred in your district. From the deaths, 23 must be deducted—16 of those in the Workhouse, and 7 of those in the Grantham Hospital, as these occurred among persons not belonging to your district, so that the corrected number of deaths is 268.

Sixty deaths occurred in infants under 1 year.

There were 46 deaths in Public Institutions, namely—29 in the Grantham Workhouse, and 17 in the Grantham Hospital, but only 23 of these deaths are referred to your district.

The Birth-rate was 26·81 per 1,000 of the population, and the death-rate 15·01 per 1,000 of the population. The former being 1·56 less, and the latter 0·4 less than the average of the preceding ten years.

The deaths of children under 1 year were 125·26 per 1,000 of Registered Births, being 14·09 less than the average of the preceding ten years.

The deaths in your district included 12 from measles, 10 from epidemic diarrhœa, 1 from whooping cough, 1 from enteric fever, 1 from puerperal fever, 1 from erysipelas, and 3 from influenza. There were no deaths from small pox or scarlet fever. The mortality from these Zymotic Diseases was at the rate of 1·45 per 1,000 of the population if influenza be excluded, and 1·60 if influenza be included.

From these figures the following facts require notice. There were 268 deaths as compared with 172 in the year 1903, and the death-rate was 15·01 as compared with 9·68 in the year 1903. The Zymotic death-rate is 1·45 as compared with 0·39 in the year 1903, and the deaths from infants under 1 year per 1,000 of registered births 125·26 as compared with 92·82 in the year 1903. Some investigation into these figures therefore appears necessary, to ascertain, if possible, in what way this considerable increase in mortality is to be accounted for. It may be stated at once that the year 1903 enjoyed an exceptionally low death-rate throughout the country, and, as can be seen at once, the mortality for 1904 does not compare unfavourably with the averages for the preceding ten years, especially allowing for the fact, as the figures show, the population is no doubt steadily increasing.

Let us first examine the deaths from Zymotic or so-called “preventable” diseases. As is noted, there were 26 deaths from these diseases, for in the present state of our knowledge, influenza can scarcely be classed as a “preventable” disease. Twelve of these deaths were due to measles. As will be shown later, steps were taken, and, as I think, all available steps were taken to cut short the extensive epidemic that prevailed. Ten deaths were due to epidemic diarrhœa, and under this heading I shall allude later to what may be considered its probable causes, and what steps are likely to lead to the lessening of the mortality from this disease. The other 4 deaths—1 from enteric fever, 1 from puerperal fever, 1 from whooping cough, and 1 from erysipelas, cannot be considered as seriously affecting the Zymotic death-rate.

With regard to other deaths, there were 6 from enteritis as compared with 2 in the preceding year, 10 from phthisis as compared with 14 in the preceding year, 11 from other tubercular diseases as against 9 in the preceding year, 19 from cancer as against 16 in the preceding year, 20 from bronchitis as against 15, 24 from pneumonia as against 7, 6 from other respiratory diseases as against 3, 17 from premature birth as against 12, old age gave rise to 32 as against 16, and there were 9 from debility as against 6. All other causes gave rise to 51 deaths as against 56, so that it is evident the chief increase is from measles, epidemic diarrhoea, bronchitis, pneumonia, and other respiratory diseases, heart diseases, premature birth, and old age. For none of these causes, except perhaps measles and epidemic diarrhoea, can the Sanitary Administration be held responsible.

For the increase in deaths under 1 year, measles, diarrhoea, enteritis, bronchitis, pneumonia and premature birth are responsible.

It would thus appear that the increase in mortality, with the exception of the deaths from measles, is due mainly to climatic and other unavoidable conditions which favoured respiratory and diarrhoeal diseases rather than from any faulty Sanitary Administration.

Twenty-three cases of scarlet fever were notified during the year—2 in Little Gonerby, 4 in Grantham, 11 in Spittlegate, and 6 in New Somerby. The disease was present in your district throughout the whole year. It was on the whole of a mild type, and no deaths resulted from this cause. Isolation was carried out as far as possible in the houses of the patients, and scholars from infected houses were excluded from school attendance. Disinfectants were supplied and the premises subsequently disinfected under the instruction of the Sanitary Inspector.

In one instance the wife of the patient was approaching her confinement, she was therefore removed to the house of a relative, and an allowance made to her, while a nurse was provided to attend to the patient, and during his illness. The wife's confinement was safely accomplished in her temporary abode.

In another instance, upon visiting the child on the receipt of the notification, the mother's confinement was found to be urgently imminent. Fortunately, a house not far distant was found, where, for a certain payment, the sick child could be received, and after its removal, the room occupied by the child was promptly disinfected and cleaned, and the mother was actually confined, I am happy to say, safely, three-quarters-of-an-hour only after the removal of the sick child.

There was a wide spread epidemic of measles throughout the Borough in the Spring of the year. It gave rise to 12 deaths—2 in infants under 1 year, and 10 in children between 1 and 5 years. According to my information the epidemic commenced in March among the scholars of the Roman Catholic Schools. It then affected the Little Gonerby Schools, and these schools were closed in consequence of the outbreak for three weeks from May 9th. Subsequently, the New Somerby Schools, the Wesleyan Schools, the Spittlegate Schools, the Brownlow Infant School, the Welby Street and the Inner Street Schools were affected. These schools were all in turn closed in consequence for periods of about three weeks. By this means the spread of the disease was checked, but it was not until the beginning of July that the epidemic was over. In a wide-spread epidemic such as this was, there appears little to be done beyond the prevention of the congregation of children together, by the closure of the schools affected, and I have good reasons for believing that in epidemics such as the one now referred to, it is mainly through the influence of school attendance that the spread of the disease prevails, and that the closure of each particular school, as it becomes affected, is the best means at our disposal for checking the spread of the disease.

Whooping cough gave rise to 1 death, and though several cases occurred throughout the year, there was no wide spread epidemic.

Epidemic or Zymotic diarrhoea gave rise to 10 deaths—7 in infants under 1 year, 2 in children between 1 and 5 years, and 1 between the ages 5 and 15 years. The cause or causes of this fatal malady have not been definitely ascertained, but occurring as it does chiefly during hot dry weather, there appears little doubt that the active fermentative processes which are liable to occur under these conditions, which are especially favourable to the growth of micro-organisms, are chiefly responsible. For the prevention of such diseases an ample supply of fresh air in and about houses, and the most scrupulous cleanliness are essential factors. The prompt removal of house refuse and all organic matter liable to undergo decay and decomposition is of much importance. Inasmuch as the disease is especially prevalent and especially fatal amongst infants it is of prime importance that their food, and especially their milk, should receive special attention. The careful and judicious feeding of infants would do much to lessen the prevalence and fatality of this disease, the careful attention to the strict cleanliness of feeding bottles, the careful boiling or sterilization of milk, and the employment of scrupulous care to prevent its subsequent contamination from offensive effluvia, dust and



flies are of much importance. Any symptoms pointing to diarrhoea and other stomach disturbances or irregularities should receive prompt medical advice. The injudicious feeding of infants among the lower classes is both varied and remarkable, and the mothers in poor districts should be encouraged by those charitably disposed, who do much good work amongst them, to seek competent advice in these matters. By such means as these it is to be hoped that epidemic diarrhoea may be checked, though it is hardly likely in the present state of our knowledge it can be expected to be entirely eliminated.

Epidemic influenza gave rise to 3 deaths, but no extensive epidemic occurred.

There were four cases of enteric fever notified. One in March in Spittlegate; after careful investigation I was unable to ascertain in what manner the disease was contracted, the child was removed for treatment to the Grantham Hospital. In June there was another case in a different part of Spittlegate, no other cause was ascertained than the possibility of the disease having been contracted in the course of the young man's occupation amongst goods at the Railway Station. A case which proved to be a very mild one occurred in June in Grantham. In November there was a case in New Somerby which unfortunately proved fatal. In this instance the disease was certainly contracted in a neighbouring village. In view of the very serious outbreak of enteric fever which has recently occurred in Lincoln, it is desirable to point out that in every case notified in your district the excreta from the patient are disinfected with carbolic acid, and if there is any reason to doubt the safety of discharging the excreta thus treated into the water closet, or in those few instances where tub closets exist, the excreta are collected in covered pails especially provided and buried, or, as is occurring at the present time with regard to the only case present in your district, the contents of these pails are removed and emptied into the furnace of the new refuse destructor. The sewage of your Borough is, you are all aware, discharged upon the Sewage Farm at Marston, and the effluent from the under drainage of the farm discharged into the Witham. It has been ascertained it is true that the typhoid bacillus may survive under favourable conditions for a considerable time, but that the bacilli should pass through the Sewage Farm and journey in an active state to Lincoln, seems, to say the least of it, exceedingly unlikely. That the filtration of the sewage through the land of the farm at Marston renders the sewage innocuous in the river is our belief, but I have yet to learn that any known method of sewage purification will render the effluent safe or suitable for drinking purposes.

There were 7 cases of diphtheria notified during the year. Four in Little Gonerby, 2 in Spittlegate, and 1 in New Somerby. There were no deaths from this cause.

Twelve cases of erysipelas were notified, and one of these was fatal.

One case of small pox occurred, it was the case of a working man living in a common Lodging House. A short time previously I had intimation from the Medical Officer of Health, at Sleaford, that a man had developed small pox in that town who had come from the same common Lodging House. All the inhabitants at the Lodging House who would submit to it were at once vaccinated, the man who subsequently developed the disease being one of those who refused. No new lodgers were permitted to be taken into the Lodging House, and, as far as possible, information was sent to the various Sanitary Authorities when the destination of those who left the Lodging House could be ascertained, and those who remained in the Lodging House were kept under daily observation. Every assistance in their power was given by the Lodging House Keepers. The man suffering from small pox was promptly removed in the ambulance to the Isolation Hospital on June 27th, and the Lodging House cleaned and disinfected by formalin spray. The patient was discharged from the Isolation Hospital on August 2nd.

Your district has been visited during the year by your Inspector and myself with the view of detecting sanitary defects. Fifty new water closets have been built and provided with a good supply of water and suitable apparatus for effectual flushing and cleaning, and to 94 hand flushing closets a similar supply of water and flushing apparatus have been added. Each and every house should in my opinion be provided with a separate and suitable water closet, and nothing short of this should be considered sufficient or satisfactory, and the following are my reasons for holding this opinion:—no water closet properly constructed and properly attended to is a nuisance, inasmuch as proper water closets, properly looked after, are not regarded as a nuisance inside a house, a similar structure, similarly attended to, should be no nuisance however near a house it stands. Indeed there are obvious reasons why a water closet should not be remote from a house. The whole question as to a water closet being a nuisance or otherwise, depends first, upon its proper construction; and, secondly, upon its being kept properly clean and properly flushed. If a water closet exists for the use of more than one householder, it does not become the duty of either one of them to be responsible for its cleanliness, with the result that its cleanliness may often be neglected. A neglected water closet becomes readily a nuisance, and often a danger to health. If it be maintained that the yard space around small tenements is not sufficient to allow of a water closet for each tenement without unduly blocking the air space, then the question should at once arise, whether such should not be regarded as an insanitary area, and be treated accordingly. I commend these views for the careful consideration of all those who are interested in and responsible for the sanitary well being of the district,

By your order all the vans and their occupants which came to the Mid-Lent Fair were inspected with the view of ascertaining the presence of any infectious diseases.

The Factory and Workshop Act, 1901, has received special attention during the year, and inspections as thereby required have been made.

Several samples of water from pumps in your district which appeared to be suspicious in purity were examined, and in those cases where the water was found to be contaminated measures were taken to remedy this.

The water supplied by the Grantham Waterworks Company is in my opinion a good and wholesome water. There is an ample supply, and the filtering beds are well constructed and arranged, and of sufficient area to permit the water to be filtered through at a rate well within that compatible with safety. Arrangements are in progress for construction of further filtering areas in view of the probable increase of water required as the population of the Borough increases.

The Destructor for the burning of house refuse has been erected at the site of the old tanks in Belton Lane. Much time and valuable assistance was bestowed upon the erection of this structure by the members of the Sanitary Committee, and by the Borough Surveyor, and I consider the ratepayers are deeply indebted to them for the very satisfactory result, and particularly to those members who were able from their expert knowledge in machinery to afford valuable assistance, which was ungrudgingly bestowed. There has been, it is true, some little difficulty in obtaining suitable workmen for the capable stoking of the furnaces. But this has now been overcome, and I have no hesitation in saying that the new Refuse Destructor stands as a credit to the sanitary administration of your district.

The Steam Disinfector which was erected at the same time is a high pressure steam apparatus. There is an outer jacket, and the temperature in the chamber is raised to 260°. It is an excellent apparatus and well suited to disinfect satisfactorily all bedding, clothing, etc. that may require such treatment.

The steam for the Disinfector is derived from the boiler placed between the cells of the Destructor, so that at any time the Disinfector can be utilized, the necessary steam being generated by the furnace of the Destructor.

I am very anxious that now we are in possession of this important addition to our sanitary efficiency that it should be used for the disinfection of all articles liable to have become infected by any of the dangerous infectious diseases. We require, in my opinion, a properly covered vehicle for the conveyance of infected articles, and also a second conveyance for the removal of the disinfected material.

Both the Refuse Destructor and the Steam Disinfector have been efficiently constructed by Messrs. Manlove, Alliott & Co., Nottingham.

I append the Report of your Sanitary Inspector of the nuisances dealt with during the year, and also tables of statistics.

I am, Gentlemen,

Yours obediently,

H. POOLE-BERRY, M.B., UNIV., LOND., MEM. R. COLL. SURG., ENG.

## REPORT

From 1st January to 31st December, 1904.

Number of Nuisances unabated from the previous year	...	...	...	...	...	...	...	16
Number reported during the year	...	...	...	...	...	...	...	101
Number abated without formal notice	...	...	...	...	...	...	...	21
Number of formal notices given	...	...	...	...	...	...	...	101
Number abated after formal notice and without legal proceedings	...	...	...	...	...	...	...	89
Number of cases in which legal proceedings were taken	...	...	...	...	...	...	...	1
Number abated after proceedings	...	...	...	...	...	...	...	1
Total number abated	...	...	...	...	...	...	...	127
Number remaining unabated at the end of the year	...	...	...	...	...	...	...	12

JAMES BARNACLE,

*Inspector of Nuisances.*

GRANTHAM,

2nd January, 1905.



TABLE I.

Vital Statistics of whole District during 1904 and previous years.

Name of District—GRANTHAM URBAN SANITARY.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				Total Deaths in Public Institutions in the District.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NET DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Number	Rate.*	Under 1 year of age.		At all ages.					Number.	Rate.*
				Number	Rate per 1,000 Births Registered	Number	Rate.*					
1	2	3	4	5	6	7	8	9	10	11	12	13
1894	16,705	472	28.25	64	135.5	267		29			236	14.12
1895	16,692	509	30.49	87	170.9	329		42			287	17.19
1896	16,679	452	27.09	67	146.0	273		23			250	14.98
1897	16,666	501	30.60	99	194.1	342		38	24		304	18.30
1898	16,653	525	31.52	90	171.1	348		33	20		315	18.91
1899	16,640	457	27.46	57	124.7	330		67	38		263	15.80
1900	16,627	511	30.73	60	117.22	302		52	33		269	16.17
1901	17,593	448	25.46	57	127.23	288		56	27		261	14.83
1902	17,677	451	25.51	51	113.02	278		49	27		251	14.19
1903	17,761	474	26.68	44	92.82	192		40	20		172	9.68
Averages for years 1894-1903.	16,969.3	480.0	28.37	77.6	139.35	294.9		42.9	28.3		260.8	15.41
1904	17,845	479	26.81	60	125.26	291	16.30	46	23		268	15.01

\* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this Table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The "Public institutions" to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made should be given on the back of this Table.

Area of District in Acres  
(exclusive of area  
covered by water.) } 1,676

Total population at all ages.....17,593

Number of inhabited houses..... 3,732

Average number of persons per house.....4.71

At Census  
of 1901.

[See over.]

I. Institutions within the District receiving sick and infirm persons from outside the District.	II. Institutions outside the District receiving sick and infirm persons from the District.	III. Other Institutions, the deaths in which have been distributed among the several localities in the District.
Grantham Workhouse Grantham Hospital	Grantham Borough Infectious Hospital	None.
Is the Union Workhouse within the District?—Yes!		

TABLE II. Vital Statistics of separate Localities in 1904 and previous years.  
Name of District—*Grantham Urban Sanitary District.*

NAMES OF LOCALITIES.	1. LITTLE GONERBY.				2. GRANTHAM.				3. SPITTLGATE.				4. HARROWBY.				5. NEW SOMERBY.				6.				7.			
	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.
	<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>
1894 ... ..	3238	117	48	12	5607	145	75	23	6032	157	83	25	196	5	1	0	1632	43	14	4								
1895 ... ..	3232	97	51	13	5571	153	97	32	6009	199	95	35	192	12	1	0	1688	47	17	7								
1896 ... ..	3226	86	54	16	5535	151	72	20	5986	167	94	24	188	9	3	3	1744	34	18	4								
1897 ... ..	3220	91	61	19	5439	157	106	33	5963	206	100	39	184	9	1	1	1800	43	22	7								
1898 ... ..	3214	112	71	27	5463	155	100	25	5940	210	118	38	180	8	1	0	1856	35	12	0								
1899 ... ..	3208	87	52	11	5427	138	77	21	5917	197	78	20	176	5	1	1	1912	31	26	5								
1900 ... ..	3302	113	64	16	5391	150	67	18	5894	197	116	24	172	2	0	0	1968	49	22	2								
1901 ... ..	3567	98	59	17	5762	124	87	13	6553	191	95	23	181	5	1	0	1530	30	19	4								
1902 ... ..	3598	80	68	14	5767	133	90	13	6598	206	80	21	178	1	0	0	1536	31	13	3								
1903 ... ..	3629	106	47	9	5772	122	64	14	6643	205	71	16	175	6	0	0	1542	35	10	4								
Averages of Years 1894 to 1903	3343·40	98·40	57·30	15·40	5573·4	142·8	83·5	21·2	6153·5	193·5	93·0	26·5	182·2	6·2	·9	·5	1730·8	37·8	17·3	4·0								
1904 ... ..	3660	91	64	9	5777	128	64	13	6688	217	115	28	172	6	5	1	1548	37	20	8								

NOTES.—(a) The separate localities adopted for this Table should be areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block 1 may, if desired, be used for the whole district: and blocks 2, 3, &c., for the several localities. In small districts without recognised divisions of known population this Table need not be filled up.

(b) Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns *c* of this Table, and those of non-residents registered in public institutions in the district excluded. (See note on Table I. as to meaning of terms “resident” and “non-resident.”)

(c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

(d) Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in tables I. and IV.: thus, the totals of sub-columns *a*, *b*, and *c* should agree with the figures for the year in the columns 2, 3, and 12 respectively of Table I.: the gross total of the sub-columns *c* should agree with the total of column 2 in Table IV., and the gross total of sub-columns *d* with the total of column 3 in Table IV.





TABLE III.

Cases of Infectious Disease notified during the Year 1904.

Name of District—GRANTHAM URBAN SANITARY DISTRICT.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.						TOTAL CASES NOTIFIED IN EACH LOCALITY.							No. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.						
	At all Ages.	At Ages +—Years.					Little Gonerby.	Grantham.	Spittlegate.	Harrowby.	New Somerby.	Hospital.	Work-house.	Little Gonerby.	Grantham.	Spittlegate.	Harrowby.	New Somerby.	Hospital.	Work-house.
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65														
Small Pox ... ..	1					1	1							1						
Cholera ... ..																				
Diphtheria ... ..	7			6		1	4		2		1									
Membranous Croup ... ..																				
Erysipelas ... ..	12			1		7	3	4	2		1		2							
Scarlet Fever ... ..	23		3	14	5	1	2	4	11		6									
Typhus Fever ... ..																				
Enteric Fever ... ..	4			2	1	1		1	2		1									
Relapsing Fever ... ..																				
Continued Fever ... ..																				
Puerperal Fever ... ..																				
Plague ... ..																				
Totals ... ..	47		3	23	6	11	10	9	17		9		2	1						

NOTES.—The localities adopted for this Table should be the same as those in Tables II. and IV.  
State in space below the name of the Isolation Hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent. Mark (H) the locality in which it is situated, or if not within the district, state where it is situated, and in what district. Mark (W) the locality in which a workhouse is situated.  
† These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.  
Grantham Borough Isolation Hospital. (H) Spittlegate, outside Borough. (W) Grantham.



TABLE IV.

Causes of, and Ages at, Death during Year 1904.

Name of District—GRANTHAN URBAN SANITARY DISTRICT.

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.								DEATHS IN OR BELONGING TO LOCALITIES AT ALL AGES.								Total Deaths in public institutions in the District
	All Ages	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards		Little Gonerby	Grantham	Spittlegate	Harrowby	New Somerby	Hospital	Work-house	Infectious Hospital	
Small Pox ... ..																	
Measles ... ..	12	2	10						3	3	5		1				
Scarlet Fever ... ..																	
Whooping Cough ... ..	1	1											1				
Diphtheria and Membranous Croup ... ..																	
Croup ... ..																	
Fever { Typhus ... ..	1				1								1				
Enteric ... ..																	
Other continued ... ..																	
Epidemic Influenza ... ..	3				1	2				1	2						
Cholera ... ..																	
Plague ... ..																	
Diarrhœa ... ..	10	7	2	1					2	2	6						
Enteritis ... ..	6	5				1			2		4						1
Puerperal Fever ... ..	1					1						1					
Erysipelas ... ..	1					1					1						1
Other Septic Diseases ... ..																	
Phthisis (Pulmonary Tuberculosis) ... ..	10					10			3	3	2	1	1				1
Other Tubercular Diseases... ..	11	2		2	4	3			2	2	6						3
Cancer, Malignant Disease... ..	19					11	8		1	5	12		1				3
Bronchitis ... ..	25	4	3			2	16		8	5	9	1	3				4
Pneumonia ... ..	24	6	6			8	4		3	6	15						2
Pleurisy ... ..																	
Other Diseases of Respiratory Organs ... ..	6		2	1		2	1		2	3	1						1
Alcoholism } ... ..	1					1				1							
Cirrhosis of Liver } ... ..																	
Venereal Diseases ... ..	1					1				1							
Premature Birth ... ..	17	17							3	3	7		4				
Diseases and Accidents of Parturition ... ..																	
Heart Diseases ... ..	23		1		1	10	11		6	8	8		1				
Accidents ... ..	4				1	2	1			1	3						8
Suicides ... ..	1						1				1						2
Old Age ... ..	32						32		14	7	11						10
Debility ... ..	9	8	1						2	5	2						
All other Causes ... ..	51	7	4		4	21	15		13	9	20	2	7				10
All Causes ... ..	268	59	29	4	12	75	89		64	64	115	5	20				46



